

TOOL

Clinical Supervision Individual Session Report

RECOVERY PROGRAMS



Supervisee name, degree, credential: _____

Date of Supervision _____ **Length of Session:** _____

Supervisor name, degree, credential: _____

Names or ID numbers of client(s) discussed:

Outcome/next step for each client discussed:

TOOL

Clinical Supervision Group Session Report

RECOVERY PROGRAMS



Date of Supervision _____ **Length of Session:** _____

Supervisor name, degree, credential: _____

Names of Supervisees in attendance, with credentials:

Names or ID numbers of client(s) discussed:

Outcome/next step for each client discussed: